04/20/2010 14:52

Image# 10990606438

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

F	ORM 3X	For	Other Than	An Authori	zed Comm	ittee		Office Use Only	
1.	NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typo	ng, type			
L	Americas Health In	surance Plans I	PAC (AHIP PAC	C)					
		1 1 1 1 1	1 1 1 1			1 1 1 1	1 1 1 1 1		
AD	DRESS (number and	street) 60	01 Pennsylvania	a Avenue NW					
	Check if differ than previously reported. (ACC	ent L	tuite 500 South I	Building			DC	20004	-
2.	FEC IDENTIFICAT	ION NUMBER	\	CITY 🛦			STATE	ZIPCO	DE 🛕
	C00106740			3. IS THI REPO	- X	NEW (N) OR	At (A	MENDED	
4.	July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(N Year Only	Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Iid-Year on-election	(d) 30-Day	lection for the:	M3) Primary (1 Conventio	n (12C)	Sep	in the	Special (30S)
5.	Covering Period	0 3		2010	through		31	2010	
	ertify that I have exam be or Print Name of T		rt and to the bes Mr. Robert Borc	-	ge and belief it	is true, correct	and complete.		
Sig	nature of Treasurer	Electronically	y Filed by Mr.	Robert Borcha	rdt		Date 04	20	2010
NO	TE : Submission of f	alse, erroneous	s, or incomplete	information may	/ subject the pe	erson signing th	is Report to the	penalties of 2 U.	S.C 437g.
	Office Use							FEC FOR (Rev. 12/20	

FE6AN026

A. Form/Schedule: F3XN

Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 37

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC)

F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 0 3 3 1 2 0 1 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		125395.88
	(b) Cash on Hand at Begining of Reporting Period	95256.44	
	(c) Total Receipts (from Line 19)	51136.53	80231.78
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146392.97	205627.66
7.	Total Disbursements (from Line 31)	22165.79	81400.48
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	124227.18	124227.18
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 37

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

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D D 0 1

2 0 1 0

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М М

D D 31

Y Y Y Y 2 0 1 0

1. 1	Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	her than loans) From: Persons Other		
	al Committees d (use Schedule A)	20760.00	31477.36
(ii) Unitemi	zed	805.50	6279.07
(iii) TOTAL Lines 1	(add 1(a)(i) and (ii)	21565.50	37756.43
(b) Political Par	ty Committees	0.00	0.00
(such as PA	cal Committees ACs)butions (add Lines	27000.00	39500.00
	and (c)) (Carry ne 33, page 5)	48565.50	77256.43
Transfers From Party Committee	Affiliated/Other s	0.00	0.00
3. All Loans Receiv	ed	0.00	0.00
Loan Repayment Offsets To Opera	s Received	0.00	0.00
(Refunds, Rebate (Carry Totals to L 6. Refunds of Contr	ine 37, page 5)	71.03	475.35
to Federal candic Political Committ	lates and Other	2500.00	2500.00
 Other Federal Re (Dividends, Interes) 	eceipts est, etc.)	0.00	0.00
3. Transfers from N	lon-Federal and Levin Funds		
(a) Non-Federal <i>i</i> (from Sched	Account ule H3)	0.00	0.00
(b) Levin Funds ((from Schedule H5)	0.00	0.00
(c) Total Transfe	r (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (a 12, 13, 14, 15, 16	dd Lines 11(d), 5, 17, and 18(c))	51136.53	80231.78
D. Total Federal Red (subtract Line 18)	ceipts (c) from Line 19)	51136.53	80231.78

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 37

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	165.79	400.48
	Expenditures(c) Total Operating Expenditures	103.73	400.40
	(add 21(a)(i), (a)(ii) and (b))	165.79	400.48
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	22000.00	80500.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	500.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	3.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22165.79	81400.48
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	22165.79	81400.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 37

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48565.50	77256.43
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	48565.50	77256.43
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	165.79	400.48
7. Offsets to Operating Expenditures (from Line 15, page 3)	71.03	475.35
Net Operating Expenditures (subtract Line 37 from Line 36)	94.76	-74.87

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/37 (check only one) X 11a
O	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> 4.	Full Name (Last, First, Middle Initial) William Alvin Mailing Address 2850 W Grand Boulev	ard		Date of Receipt 0 3 1 8 2 0 1 0
	City Detroit	State MI	Zip Code 48202-2643	Transaction ID: C811888F732281760F0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate		
 3.	Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Ave	nue N.W.		Date of Receipt
	Suite 500, South Build		Zip Code	0 3 1 5 2 0 1 0 Transaction ID: 20100310173512-1
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		ice President e Year-to-Date ▼ 750.00	
_).	Full Name (Last, First, Middle Initial) Gary Bacher			Date of Receipt
-	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ing		03 / 31 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-1 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans		ice President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
:	SUBTOTAL of Receipts This Page (optional)			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/37 (check only one) X 11a
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Christy Bell Mailing Address 7 Spring Lake Drive City Far Hills FEC ID number of contributing federal political committee. Name of Employer Horizon BCBSNJ Receipt For: Primary General Other (specify)		Zip Code 07931 n ice President, Healthcare Mg Year-to-Date ▼	Date of Receipt M M
	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Aver Suite 500, South Buildin City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004 n e Vice President, Clinical Aff e Year-to-Date ▼ 1249.98	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Aver Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004 n e Vice President, Clinical Aff e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5	SUBTOTAL of Receipts This Page (optional)			3416.66

formation copied from such Reports and commercial purposes, other than using the IME OF COMMITTEE (In Full) INAME (Last, First, Middle Initial)	enue N.W.	Date of Receipt Date of Receipt
Il Name (Last, First, Middle Initial) bert Borchardt illing Address 601 Pennsylvania Av. Suite 500, South Build y ashington C ID number of contributing leral political committee. me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	enue N.W. ding State Zip Code DC 20004 C Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date 250.02	M M J D D J 2010 Transaction ID: 20100310173512-3 Amount of Each Receipt this Period 41.67
bert Borchardt illing Address 601 Pennsylvania Ave Suite 500, South Builty ashington C ID number of contributing leral political committee. me of Employer rerica's Health Insurance ans ceipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	State Zip Code DC 20004 C Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date 250.02	M M J D D J 2010 Transaction ID: 20100310173512-3 Amount of Each Receipt this Period 41.67
Suite 500, South Build y ashington C ID number of contributing leral political committee. me of Employer neerica's Health Insurance ans ceipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date 250.02	15 2010 Transaction ID: 20100310173512-3 Amount of Each Receipt this Period 41.67
ashington C ID number of contributing leral political committee. The of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date 250.02	Amount of Each Receipt this Period 41.67
C ID number of contributing leral political committee. me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify) Il Name (Last, First, Middle Initial)	Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date 250.02	41.67 at
ceipt For: Primary General Other (specify) ▼ Il Name (Last, First, Middle Initial)	Senior Vice President Finance & Opera Aggregate Year-to-Date ▼ 250.02	
		Date of Receipt
ilian Address CO4 Day Lavia A	NIM/	╡ '
		03 31 4 2010
y achington	·	Transaction ID: 20100401154512-3
C ID number of contributing leral political committee.	C 20004	Amount of Each Receipt this Period 41.67
me of Employer nerica's Health Insurance ans ceipt For: Primary General Other (specify)	Occupation Senior Vice President Finance & Opera Aggregate Year-to-Date ▼ 250.02	- at -
II Name (Last, First, Middle Initial)		Date of Receipt
		03 15 2010
y a a la in esta n	State Zip Code	Transaction ID: 20100310173512-4
C ID number of contributing leral political committee.	C 20004	Amount of Each Receipt this Period 41.67
me of Employer nerica's Health Insurance ans	Occupation Regional Director	<u>-</u>
ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
FOTAL of Receipts This Page (optional)		125.01
	iling Address 601 Pennsylvania Aveolitical Solution Solut	Suite 500, South Building y State Zip Code DC 20004 C ID number of contributing eral political committee. The of Employer coincide and coincide

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one) X
	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1			•
∠ 4 .	Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Av Suite 500, South Bui	ilding		Date of Receipt 0 3 3 1 2 0 1 0
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100401154512-4 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Regional Aggregate		
 B.	Full Name (Last, First, Middle Initial) William Cameron Mailing Address 2000 N Classen Bou	Date of Receipt 0 3 1 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: 3E6E866D3D53A0C7C6
	Oklahoma City	OK	73106-6023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer American Fidelity Assuran- ce Company Receipt For: Primary General Other (specify)		n and CEO • Year-to-Date ▼ 2000.00	
_ ;.	Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui	ilding		03 15 2010
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100310173512-7 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	62.50
	Name of Employer America's Health Insurance Plans	- ' '	e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional))		2104.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		03 31 7 2010
City	State Zip Code	Transaction ID: 20100401154512-7
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation	
<u>Plans</u> Receipt For:	Executive Director Product Policy Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Yvonne Chanatry	•	Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		03 15 2010
City	State Zip Code	Transaction ID: 20100310173512-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding	03 / 31 / 2010
City	State Zip Code	Transaction ID: 20100401154512-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Vice President, Marketing and Graphic	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	499.98	
SUBTOTAL of Receipts This Page (optional)		229.16
TOTAL This Period (last page this line number	er only)	

ommercial purposes, other than using ME OF COMMITTEE (In Full) ericas Health Insurance Plans Fundame (Last, First, Middle Initial) gory Dean ing Address 601 Pennsylvania A Suite 500, South Bushington CID number of contributing ral political committee. The of Employer erica's Health Insurance is eight For: Primary General Other (specify)	Avenue N.W.	Date of Receipt M M M J D D D 2 0 1 0 Transaction ID: 20100310173512-11 Amount of Each Receipt this Period 62.50
Plans F Name (Last, First, Middle Initial) gory Dean ing Address 601 Pennsylvania A Suite 500, South Bu Shington CID number of contributing ral political committee. The of Employer erica's Health Insurance selept For: Primary General Other (specify) Name (Last, First, Middle Initial)	Avenue N.W. Lilding State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date 375.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
sory Dean ing Address 601 Pennsylvania A Suite 500, South Bu shington ID number of contributing ral political committee. ne of Employer erica's Health Insurance seipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director Insurance Educatio Aggregate Year-to-Date 375.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Bushington CID number of contributing ral political committee. The of Employer erica's Health Insurance is eight For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director Insurance Educatio Aggregate Year-to-Date 375.00	Transaction ID: 20100310173512-11 Amount of Each Receipt this Period 62.50
shington ID number of contributing ral political committee. The of Employer erica's Health Insurance is eipt For: Primary General Other (specify)	Occupation Executive Director Insurance Educatio Aggregate Year-to-Date 375.00	Amount of Each Receipt this Period 62.50
C ID number of contributing ral political committee. The of Employer perica's Health Insurance is eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial)	Occupation Executive Director Insurance Educatio Aggregate Year-to-Date ▼ 375.00	62.50
eipt For: Primary General Other (specify)	Executive Director Insurance Educatio Aggregate Year-to-Date ▼ 375.00	
gory Dean ing Address 601 Pennsylvania <i>A</i>	Avenue N W	Date of Receipt
Suite 500, South Bu	uilding	03 31 2010
shington	State Zip Code DC 20004	Transaction ID: 20100401154512-11 Amount of Each Receipt this Period
ID number of contributing ral political committee.	C	62.50
ne of Employer crica's Health Insurance as	Occupation Executive Director Insurance Educatio	or .
eipt For: Primary	Aggregate Year-to-Date ▼ 375.00	
Name (Last, First, Middle Initial)		Date of Receipt
		03 15 2010
ahinatan	State Zip Code	Transaction ID: 20100310173512-14
ID number of contributing ral political committee.	C 20004	Amount of Each Receipt this Period 104.00
ne of Employer crica's Health Insurance ns	Occupation Vice President, Federal Affairs	
eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 624.00	
		229.00
i .	Other (specify) Name (Last, First, Middle Initial) owell ng Address 601 Pennsylvania A Suite 500, South Bushington ID number of contributing ral political committee. re of Employer rica's Health Insurance seipt For: Primary General Other (specify)	Other (specify) Name (Last, First, Middle Initial) rowell Ing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building State Zip Code DC 20004 ID number of contributing ral political committee. Le of Employer prica's Health Insurance selept For: Primary General Aggregate Year-to-Date

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) X 11a 11b 13 14	
or for commercial purp	oses, other than using the na	ame and add	not be sold or used by any persol lress of any political committee to)	on for the purpose of s solicit contributions fo	soliciting contributions rom such committee.
	rst, Middle Initial) 601 Pennsylvania Avenu Suite 500, South Building		Zip Code 20004	0 3 Transaction ID	3 1 2 0 1 0 2 2 0 1 0 2 2 0 1 0 2 2 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1
FEC ID number of federal political com Name of Employer America's Health In Plans Receipt For: Primary Other (specif	nsurance General		n sident, Federal Affairs Year-to-Date ▼ 624.00		104.00
Full Name (Last, Fi Andrea Finley Mailing Address City North Canton FEC ID number of federal political com Name of Employer Aultcare Receipt For: Primary Other (specif	782 Crestland Ave SE contributing mittee. General		Zip Code 44720-3300 In pliance and Internal Audit Year-to-Date 275.00	0 3 Transaction ID	2 3 2 0 1 0 : 28B20FFBFF5BFB01845 • Receipt this Period 275.00
	601 Pennsylvania Avenu Suite 500, South Building contributing nmittee. surance General	State DC C Occupation Senior Vi	Zip Code 20004 1 ce President, State Affairs Year-to-Date 750.00	0 3 Transaction ID	2 0 1 0 2 0 1 0 2 20100310173512-16 1 Receipt this Period 125.00
	pts This Page (optional)				504.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	.C (AHIP PAC	·)	
∠ 4.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 / 31 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-16 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	125.00
	Name of Employer America's Health Insurance Plans		ce President, State Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
- 3.	Full Name (Last, First, Middle Initial) Lindy Hinman			Date of Receipt
	Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building			03 / 15 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100310173512-19
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation Special A	n Assistant To President and C	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	
. –	Full Name (Last, First, Middle Initial) Lindy Hinman			Date of Receipt
	Mailing Address 602 Pennsylvania Ave Suite 500, South Build			03 / 31 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-19 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans		assistant To President and C	Ceo
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional)	ı		291.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Δ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/3/ (check only one) X 11a		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any person	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	<u> </u>	· ·			
Americas Health Insurance Plans F	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt		
	Suite 500, South Building				
City	State	Zip Code	Transaction ID: 20100310173512-21		
Washington	DC	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98			
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20100401154512-2		
Washington	DC	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		83.33		
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs			
Receipt For:	- ' '	Year-to-Date ▼			
Primary General Other (specify) ▼		499.98			
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 20100310173512-23		
Washington	DC	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		41.67		
Name of Employer America's Health Insurance Plans	- 1 '	ral Affairs			
Receipt For:	Aggregate	Year-to-Date ▼	_		
Primary General Other (specify) ▼		250.02			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	0 3		
City Washington	State Zip Code DC 20004	Transaction ID: 20100401154512-22		
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67		
Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation VP, Federal Affairs Aggregate Year-to-Date ▼ 250.02			
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania A	Avenue NIW	Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			
City	State Zip Code	Transaction ID: 20100310173512-23		
Washington	DC 20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	41.67		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair			
Receipt For:	Aggregate Year-to-Date ▼			
Primary ☐ General Other (specify) ▼	250.02			
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South Bu		03 / 31 / 2010		
City	State Zip Code	Transaction ID: 20100401154512-23		
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67		
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair			
Receipt For:	Aggregate Year-to-Date ▼	.		
Primary General Other (specify) ▼	250.02			
SUBTOTAL of Receipts This Page (optional	l)	125.01		
TOTAL This Period (last page this line num	·			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, c	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	C)	
∠ 4.	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			03 / 15 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100310173512-24 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans		Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
 3.	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	03 31 2010		
	City Washington	State DC	Zip Code	Transaction ID: 20100401154512-24
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Director,	n Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
_ C.	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20100310173512-25
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
	Name of Employer America's Health Insurance Plans		nter for Health Policy & Resea	ar
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			208.34
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 18 / 37 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC	C)	
<u>/</u>	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding		03 / 31 / 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		nter for Health Policy & Research Policy & Resea	ar
	Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Ave			Date of Receipt 0 3 1 5 2 0 1 0
	Suite 500, South Build	State	Zip Code	Transaction ID: 20100310173512-26
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.02	
	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 31 7 2010
	City	State	Zip Code	Transaction ID: 20100401154512-26
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.02	
S	UBTOTAL of Receipts This Page (optional)	1		208.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the detailed Summary Page	FOR LINE NUMBER: PAGE 19/37 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC		be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Michael McCallister Mailing Address 500 W Main Street City Louisville FEC ID number of contributing federal political committee. Name of Employer Humana Inc. Receipt For: Primary General Other (specify)	State KY C Occupation President and Aggregate Yea		Date of Receipt M M M
– В.	Full Name (Last, First, Middle Initial) Kevin McCarthy Mailing Address 2211 Congress Street City Portland FEC ID number of contributing federal political committee. Name of Employer	State ME C	Zip Code 04102-1955	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 18 2010 Transaction ID: 9619613CA4566C80B68 Amount of Each Receipt this Period 2000.00
_ C.	Unum Group Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Aver			Date of Receipt 0 3
	City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)			Transaction ID: 20100310173512-35 Amount of Each Receipt this Period 41.67
	SUBTOTAL of Receipts This Page (optional)	ı		4041.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 37 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	id Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W.	Date of Receipt 0 3
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: 20100401154512-35 Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Associate Counsel Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) David O'Brien Mailing Address 165 Millview Drive		Date of Receipt 0 3 2 3 2 0 1 0
City Pittsburgh FEC ID number of contributing	State Zip Code PA 15238	Transaction ID: 07C2C18E7A1B6AB5E Amount of Each Receipt this Period 2000.00
Name of Employer Highmark Receipt For: Primary General	Occupation EVP, Govt Services Aggregate Year-to-Date ▼	2000.00
Full Name (Last, First, Middle Initial) David Oliker	2000.00	Date of Receipt
Mailing Address 625 State Street City	State Zip Code	0 3 0 5 2 0 1 0 Transaction ID: FFA18FA7239DC7120
Schenectady FEC ID number of contributing federal political committee.	NY 12305-2111 C	Amount of Each Receipt this Period 2000.00
Name of Employer Mvp Health Care Receipt For: Primary General Other (specify)	Occupation President and CEO Aggregate Year-to-Date 2000.00	
])	4041.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		03 15 2010
City	State Zip Code	Transaction ID: 20100310173512-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.98	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		03 31 2010
City	State Zip Code	Transaction ID: 20100401154512-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		03 15 2010
City	State Zip Code	Transaction ID: 20100310173512-3
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	ati q n
Receipt For:	Aggregate Year-to-Date ▼	_ [
Primary General Other (specify) ▼	767.76	
		297.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 37 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	·)	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin	ue N.W.		03 31 7 2010
City	State	Zip Code	Transaction ID: 20100401154512-39
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		130.47
Name of Employer	Occupation	า	7
America's Health Insurance Plans		sident Strategic Communicat	ii <mark>d</mark> n
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		767.76	
Other (specify) ▼	0 0	707.70	
Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
Mailing Address 601 Pennsylvania Aveni Suite 500, South Buildin			03 / 15 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100310173512-40
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	ı	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.02	
Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
Mailing Address 601 Pennsylvania Aveni Suite 500, South Buildir			03 / 31 / 2010
City	State	Zip Code	Transaction ID: 20100401154512-40
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	ı	
Receipt For:	-	Year-to-Date ▼	7
Primary General	33 -3.55		1
Other (specify) ▼	0 0	250.02	
			213.81
SUBTOTAL of Receipts This Page (optional)		······	213.01

TOTAL This Period (last page this line number only)

Any information copied from such Reports and Sta or for commercial purposes, other than using the notation for commercial purposes, other than using the notation for commercial purposes, other than using the notation for for commercial purposes, other than using the notation for for commercial purposes, other than using the notation for formation for for formation for for formation for for formation for for formation for for formation for formati	AHIP PAC) The N.W. The N.W. The State The Code The DC The Code The Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Americas Health Insurance Plans PAC (Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Avenusite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Ramsay	State Zip Code DC 20004 C Occupation Vice President, State Advocacy Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Richard Ramsay Mailing Address 601 Pennsylvania Avenus Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay	State Zip Code DC 20004 C Occupation Vice President, State Advocacy Aggregate Year-to-Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Ramsay	State Zip Code DC 20004 C Occupation Vice President, State Advocacy Aggregate Year-to-Date	0 3 1 5 2 0 1 0 Transaction ID: 20100310173512-41 Amount of Each Receipt this Period
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay	DC 20004 C Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard Ramsay	Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼	
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay	Vice President, State Advocacy Aggregate Year-to-Date ▼	-
Richard Ramsay	499.98	
Mailing Address 601 Pennsylvania Avenu		Date of Receipt
Suite 500, South Building	03 / 31 / 2010	
City	State Zip Code	Transaction ID: 20100401154512-41
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, State Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building		03 15 2010
City	State Zip Code DC 20004	Transaction ID: 20100310173512-45
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Programs	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional)		i e

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	()	
۷.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			03 31 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-45
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	- '	sident, Federal Programs e Year-to-Date ▼	
_	Other (specify) ▼	0 0	250.02	
В.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			03 15 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100310173512-46
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President, Professional P	r
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.02	
- C.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			03 31 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100401154512-46 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President, Professional P	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
	SUBTOTAL of Receipts This Page (optional)			125.01
T	TOTAL This Period (last page this line number)		·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	nd Statements may not be sold or used by any per g the name and address of any political committee PAC (AHIP PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Suite 500, South B		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code DC 20004	Transaction ID: 20100310173512-47
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 153.85
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive V.P. Aggregate Year-to-Date 923.10	
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania	Avenue N.W.	Date of Receipt
Suite 500, South B	uilding	03 31 2010
City Washington	State Zip Code DC 20004	Transaction ID: 20100401154512-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.85
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 923.10	
Full Name (Last, First, Middle Initial) Buck Stinson		Date of Receipt
Mailing Address 6620 W Broad Streen	eet	03 / 25 / Y Y Y Y Y Y Y
City Richmond	State Zip Code VA 23230-1721	Transaction ID: 5F7FEAFD10652F486 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Genworth Financial	Occupation President, Long Term Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	1307.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Av Suite 500, South Bui City		Zip Code	Date of Receipt M
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n e Vice President e Year-to-Date ▼ 1249.98	
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Av	venue N W		Date of Receipt
Suite 500, South Bui			03 31 2010
City	State	Zip Code	Transaction ID: 20100401154512-50
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.98	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		03 / 15 / Y Y Y Y Y Y
City Washington	State DC	Zip Code	Transaction ID: 20100310173512-51
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)			479.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may le name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 / 31 / 2010
City	State	Zip Code	Transaction ID: 20100401154512-51
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate		
Full Name (Last, First, Middle Initial) Robert Zirkelbach Mailing Address 601 Pennsylvania Ave			Date of Receipt
Suite 500, South Build		Zin Codo	03 15 2010
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100310173512-54 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Press Sec	cretary	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 / 31 / 2010
City	State	Zip Code	Transaction ID: 20100401154512-54
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Press Sec	cretary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
SUBTOTAL of Receipts This Page (optional) .	1		145.84
TOTAL This Period (last page this line number	er only)	·	20760.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 37 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Aegon Usa, LIc Pac Mailing Address 1111 North Charles Str City Baltimore FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code MD 21201 C C00236414 Occupation Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 18 2010 Transaction ID: B6D62C3D774B72E0C0E Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) American Fidelity Corporation Pac Mailing Address 2000 Classen Blvd City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State Zip Code OK 73106 C C00210526 Occupation Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 3DCFA84E147ABB02ED2 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Genworth Financial Inc Political Action Committee Mailing Address 6620 W. Broad Street City Richmond FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code VA 23230 C C00404194 Occupation Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		9500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 37 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Health Care Service Corporation Employees' Po	olitical Action Co	mmittee	Date of Receipt
	Mailing Address 300 E. Randolph Legal Dept.			03 18 2010
	City Chicago	State II	Zip Code 60601	Transaction ID: A16378C3F916EF5FD16 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0199711	2500.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
_ В.	Full Name (Last, First, Middle Initial) Mvp Health Care Inc Federal Pac			Date of Receipt
	Mailing Address 625 State Street			03 05 2010
	City	State	Zip Code	Transaction ID: 9D7A3CEF7C20A3E497
	Schenectady FEC ID number of contributing federal political committee.	C Coo	12305 0431429	Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
_ C.	Full Name (Last, First, Middle Initial) Principal Life Insurance Company Political Actio	n Committee		Date of Receipt
	Mailing Address 711 High Street Government Relations	3		03 23 2010
	City Des Moines	State IA	Zip Code 50392	Transaction ID: 4EC8936200B49F675E2
	FEC ID number of contributing		0128918	Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional) .			12500.00
T	TOTAL This Period (last page this line number	r only)		

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 37 (check only one) 11a 11b
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Trustmark Insurance Company Political Action Mailing Address 400 Field Drive	on Committee (TRU	STPAC)	Date of Receipt 0 3 2 3 2 0 1 0
City Lake Forrest	State IL	Zip Code 60045	Transaction ID: 7BDB83983760884176B Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	156166	5000.00
Name of Employer	Occupation	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	27000.00

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) City Washington FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City Aggregate Year-to-Date ▼ Pashington Date of Receipt Transaction ID: 12B4F1CFF8486BD31D6 Amount of Each Receipt this Period 47.03 Reimbursement of Merchant Part Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 234C13D3ACB4392AEB Amount of Each Receipt this Period Transaction ID: C34C13D3ACB4392AEB Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: C34C13D3ACB4392AEB Amount of Each Receipt this Period Reimbursement of Wire Transfer Fees		SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		for each category of the	11a 11b 11c 12
A. Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer B. Cittbank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Amount of Each Receipt this Period Receipt For: Primary General Other (specify) ▼ Af5.35 Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Aggregate Year-to-Date ▼ Receipt For: Receipt For: Quod4 Amount of Each Receipt this Period Reimbursement of Wire Transfer Fees		Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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Receipt For: Primary		Washington	DC	20004	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General At75.35 Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Aggregate			C		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General A75-25		Name of Employer	Occupatio	n	
B. Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate		
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer C C C C C C C C C C C C C C C C C C C	В.				Date of Receipt
Washington DC 20004 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 24.00 Reimbursement of Wire Transfer Fees Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 175.25 Amount of Each Receipt this Period 24.00 Reimbursement of Wire Transfer Fees Aggregate Year-to-Date ▼ 175.25 Amount of Each Receipt this Period 24.00 Amount of Each Receipt this Period 24.0			e, NW		M M / D D / Y Y Y Y
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rederal political committee. Name of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date 475-35		Washington	DC	20004	Amount of Each Receipt this Period
Receipt For: Primary General Occupation Aggregate Year-to-Date			C		
Primary General		Name of Employer	Occupatio	n	nsfer Fees
		Primary General	Aggregate		

SUBTOTAL of Receipts This Page (optional)	•	71.03
TOTAL This Period (last page this line number only)	•	71.03

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 37 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701	Otata 7'a Oada	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 2 3 2 0 1 0
City West Hartford	State Zip Code CT 06127	Transaction ID: 03446-70074099302292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	2500.00 Refund of General Contrib-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	ution #1703

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

	CHEDULE B (FEC	-	Use sepa	arate schedule(s)		FOR LINE NUMBER: (check only one)		Р	PAGE 33/37			
11	EMIZED DISBURS	EMENTS	Detailed	category of the Summary Page		X 21b 27	22 28a	23 28b	24 280	25 29		26 30l
	y Information copied from suc or commercial purposes, oth											
	NAME OF COMMITTEE (In Americas Health Insura	ı Full)										
	Full Name (Last, First, Midd Bank of America	le Initial)					Date o	of Disburs	ement)57D2A08		 :9B
		5th Street, NW d Floor					0 3	M / D.	1 1 /	^Y 201	0 \	
	City Washington		State DC	Zip Code 20005			Amou	nt of Each	Disburs	ement this	Perio	d
	Purpose of Disbursement Wire Transfer Fee Candidate Name					001 tegory/	<u> </u>			12.0	0	_
						Гуре						
	Office Sought: Hous Sena Presi	ate	oursement For: Primary Other (spe	General cify) ▼								
	Full Name (Last, First, Midd Bank of America	le Initial)						action ID		CC2F5AB	8F67	'3E
		5th Street, NW d Floor					0 3	M / D	29 /	y žo j	0 ^Y	
	City Washington		State DC	Zip Code 20005			Amou	nt of Each	Disburs	ement this	Perio	d
	Purpose of Disbursement Wire Transfer Fee					001				12.0	0	
	Candidate Name				Ca	tegory/ Type						
	Office Sought: Hous Sena Presi	ate	oursement For: Primary Other (spe	General cify) ▼								
	Full Name (Last, First, Midd Citibank	le Initial)						action ID		C205D00	BDB	
	Mailing Address 1101 Pennsylvania Ave, NW 11th Floor						0 3	M / D	01 /	žož	0 ^Y	
	City Washington		State DC	Zip Code 20004			Amou	nt of Each	Disburs	ement this	Perio	d
	Purpose of Disbursement AMEX Service Fee					001	<u> </u>			7.3	8	
	Candidate Name				Ca	tegory/ Type						
	Office Sought: Hous Sena Presi	ate	oursement For: Primary Other (spe	General cify) ▼								
	JBTOTAL of Disbursements	This Page (optio	nal)			•				31.3	8	
_	OTAL This Period (last page	- \ '	· · · · · · · · · · · · · · · · · · ·									ī

Betaned earninary rage 111	SCHEDULE B (FEC Form 3X)	Use separate schedule	(S) (check onl	NUMBER: y one)	PAGE 34/37
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Disbursement Merchant Service Fee Candidate Name Office Sought: House Disbursement Merchant Service Fee Candidate Name Office Sought: House Disbursement For: State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State 1101 Pennsylvania Ave, NW 11th Floor City		Detailed Summary Page	e X 21b 27	28a 28b	28c 29 30
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Office Sought: House President Disbursement Mailing Address Sanate Primary General Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Office Sought: Sanate Primary General Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Office Sought: House Sanate Primary General Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Office Sought: House Sanate Primary General Office Sought: House Sanate Primary General Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Office Sought: House Sanate Primary General Other (specify) ▼ Transaction ID: AdADED3605C5390 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: B442CB7B68B51F-Date of Disbursement Office Sought: House Sanate Primary General Other (specify) ▼ Transaction ID: B7442CB7B68B51F-Date of Disbursement Office Sought: House Sanate Primary General Other (specify) ▼ Transaction ID: B7442CB7B68B51F-Date of Disbursement Office Sought: Sanate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: B7442CB7B68B51F-Date of Disbursement Office Sought: Sanate Primary General Office Sought: Primary General Office Sought: Sanate Primary General Other (specify) ▼ State: District: Distric					
Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: House President DC 20004 Washington DC 20004 Purpose of Disbursement Ithis Period City Senate Primary General Disbursement Ithis Period City Senate Primary General Disbursement Ithis Period Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Senate President Disbursement For: Senate Primary General Disbursement Ithis Period Office Sought: House Other (specify) ▼ Office Sought: House President Disbursement For: Senate President Disbursement Ithis Period Office Sought: House Senate Primary General Disbursement For: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Sanate President DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Disbursement For: State: District: Pull Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Sanate President DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Senate Primary General	NAME OF COMMITTEE (In Full)				
Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington President Merchant Service Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary Transaction ID: A4ADED3605C5390 Date of Disbursement this Period Washington Office Sought: House Disbursement For: Senate Primary General Disbursement Disbursemen	,				
Washington DC 2004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: House Senate Primary General President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Hor: Senate President District: Full Name (Last, First, Middle Initial) Citibank Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Disbursement For: Senate President Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Mashington DC 20004 Purpose of Disbursement For: Senate Primary General DC 20004 Purpose of Disbursement For: Senate Primary General Disbursement Tibis Period DC 20004 State: Disbursement For: Senate Primary General Disbursement Tibis Period DC 20004 Senate President Disbursement For: Senate Primary General Disbursement Tibis Period DC 20004 Senate President Disbursement For: Senate Primary General Disbursement Tibis Period DC 20004 Senate President Disbursement For: Senate Primary General Disbursement For: Senate Primary Ge		Ave, NW		03 / 03	B 2010°
Merchant Service Fees Candidate Name Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: State Zip Code Washington Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement For: Senate Primary General Disbursement For: Senat	Washington			Amount of Each [
Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: A4ADED3605C5390 Date of Disbursement Initial Date of Date of Date of Disbursement Initial Date of	Merchant Service Fees				43.07
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor Transaction ID: A4ADED3605C5390 Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement Initial Disbursement Initial Date of Disbursement Transaction ID: BF442CB7B68B51F: Date of Disbursement Transaction ID: A4ADED3605CS390 Amount of Each Disbursement by 2 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0		bursement For:			
Transaction ID: A4ADED3605C5390 Date of Disbursement Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Disbursement For: Senate President State: District: Full Name (Lats, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington Disbursement For: Senate President District: Full Name (Lats, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Disbursement For: Senate Primary General DO1 Amount of Each Disbursement this Period Amount of Each Disbursement this Period 59.00 Amount of Each Disbursement this Period Transaction ID: BF442CB7B68B51F Date of Disbursement M 3	Senate President	Primary Genera	al		
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City State Zip Code 20004 Purpose of Disbursement Merchant Service Fee Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: BF442CB7B68B51F: Date of Disbursement Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Primary General Other (specify) ▼ Senate President Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)			03 / 10	2010	
Merchant Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional) ■ 134.41	City			Amount of Each [
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Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Washington DC 20004 Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Senate Primary General President Other (specify) State: District: Substortal of Disbursements This Page (optional)	Senate President	Primary Genera	al		
Tith Floor City Washington Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House President President State: District: Substotal of Disbursements This Page (optional) Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Senate Primary General Other (specify) 134.41	Full Name (Last, First, Middle Initial)			Date of Disburser	ment
Washington Purpose of Disbursement AMEX Service Fee Candidate Name Office Sought: House Senate Primary President State: District: Subtotal of Disbursements This Page (optional) 134.41		Ave, NW		03 7 29	9 2010
AMEX Service Fee Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)	Washington		_	Amount of Each [
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	AMEX Service Fee			L	29.00
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		bursement For:	, ,		
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary Genera	al		
CODITION OF DISSURGING THIS Tage (optional)		anal)			134 41
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IT		Use sep	arate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State or commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A		, ,		
	Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns		Transaction ID: 93077-11700075864 Date of Disbursement		
	Mailing Address 438 Lewis Avenue		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & 1 \end{smallmatrix} O \end{smallmatrix} \end{bmatrix} $		
	City Brooklyn	State NY	Zip Code 11233		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			011	1500.00
	Candidate Name Edolphus Towns	sement For:	2010	Category/ Type	
	Senate President	Y Primary Other (spe	General		
	State: NY District: 10 Full Name (Last, First, Middle Initial) Congressional Black Caucus Pac				Transaction ID: 93077-16784304380
	Mailing Address 227 Massachusetts Ave	e., NW			03 M / 03 D / 2010 Y
	City Washington	State DC	Zip Code 20002		Amount of Each Disbursement this Period
	District of Disharman and				5000.00
	Purpose of Disbursement 2010 Contribution			011	
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	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President	sement For: Primary X Other (spe	2010 General	Category/	
	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President	Primary	General	Category/	Transaction ID: 93077-5882684588. Date of Disbursement
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	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President State: District: Contri Full Name (Last, First, Middle Initial) Lee Terry for Congress	Primary X Other (spe	General	Category/	Date of Disbursement M M M / D M D / Y Y Y O Y O Y Amount of Each Disbursement this Period
	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President State: District: Contri Full Name (Last, First, Middle Initial) Lee Terry for Congress Mailing Address PO Box 540098 City Omaha Purpose of Disbursement 2010 Primary Contribution	Primary X Other (special bution	General ecify) ▼ Zip Code	Category/ Type	Date of Disbursement O 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President State: District: Contri Full Name (Last, First, Middle Initial) Lee Terry for Congress Mailing Address PO Box 540098 City Omaha Purpose of Disbursement 2010 Primary Contribution Candidate Name Lee Terry	Primary X Other (special bution State NE	General ecify) ▼ Zip Code 68154	Category/ Type	Date of Disbursement M M M / D M D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2010 Contribution Candidate Name Congressional Black Caucus Pac Office Sought: House Senate President State: District: Contri Full Name (Last, First, Middle Initial) Lee Terry for Congress Mailing Address PO Box 540098 City Omaha Purpose of Disbursement 2010 Primary Contribution Candidate Name Lee Terry Office Sought: X House Disburs	Primary X Other (special bution	General ecify) ▼ Zip Code 68154 2010 General	Category/ Type 011 Category/	Amount of Each Disbursement this Period

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	City Franklin		State TN)	Zip Code 37068			Amou	nt of Eac	ch Disburs			rioc
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	Candidate Name Marsha Blackbu Office Sought:	ırn X House	Disbursemen	t Eor:	2010		egory/ /pe						
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ı	State: TN Full Name (Last, Fi Mike McMahon								action II	D: 9307	7-5156	62136	41
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-	City Staten Island		State NY)	Zip Code 10301					ch Disburs	ement t	his Pe	riod
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	Staten Island Purpose of Disburs 2010 Primary Cont Candidate Name Michael E. McM Office Sought:	ahon X House Senate President District: 13	State NY Disbursemen X Prir	t For:	2010 General	Cate	egory/	Amou	nt of Eac	ch Disburs	2500	0.00	
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District: 12

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 37/37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)		
Full Name (Last, First, Middle Initial) Prosperity Pac			Transaction ID: 93077-8466302752494 Date of Disbursement
Mailing Address 1006 Pendleton Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	5000.00
Candidate Name Prosperity Pac		Category/ Type	
Senate President	ement For: 2010 Primary General Other (specify)		
State: District: Contril	oution		
Full Name (Last, First, Middle Initial) Tiberi for Congress			Transaction ID: 93077-0713006854057 Date of Disbursement
Mailing Address 2931 E Dublin Granville Suite 190	Road		$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
City Columbus	State Zip Code OH 43231		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Pat Tiberi		Category/ Type	
•	ement For: 2010 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	6000.00
TOTAL This Period (last page this line number only)	•	22000.00

State: OH